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| /2005 | LHONDIM2 00000056 | 10664198 | MAR 1 1 2005 | Tamara | L. Millikan | (Dopositor's name) | |
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| | APPLICATION NO. | FILING DATE | FIRST NA | MED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| | 10/664,198 | 09/17/2003 | Marc-An | dre Malenfant | 01393-P0073A | B540 | |
| | APPLN. TYPE | SMALL ENTITY | 15\$UE FEE \$1400 | PUBLICATION FEE | TOTAL PEE(S) DUE | DATE DUE 03/29/2005 | |
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| | EXAMINER | | ART UNIT 3753 | CLASS-SUBCLASS 137-399000 | | | |
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| CFF | Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED ASSIGNED TO SEE Check the appropriate asset check the appropriate | ion (or "Fee Address" Indictor more recent) attached. Use RESIDENCE DATA TO Be an assigned is identified be 37 CFR 3.11. Completion of EE | Correspondence (2) the (2) the register 2 regist listed, r E PRINTED ON THE PATE flow, no assignee data will a of this form is NOT a substitute (B) RESIDE | name of a single firm (havinged attorney or agent) and the cred patent attorneys or agent to name will be printed. (NT (print or type) appear on the patent. If an agent for filing an assignment. (NCE: (CITY and STATE OR | g as a member u names of up to ts. If no name is ssignee is identified below, the d | locument has been filed for | |
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| Plea Aa. | Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED The following fee(s) are of Issue Fee Publication Fee (No and Advance Order - # of | ion (or "Fee Address" Indictor more recent) attached. Use RESIDENCE DATA TO Be an assigned is identified be 37 CFR 3.11. Completion of EE | correspondence (2) the register 2 regist listed, records this form 2 regist listed, records this form is NOT a substitute (B) RESIDE (B) RESIDE (C) the register 2 regist listed, records this form is NOT as will as a first this form is NOT as substitute (B) RESIDE (C) The Deposit A | name of a single firm (having attarney or agent) and the cred patent attorneys or agent to name will be printed. (NT (print or type) appear on the patent. If an agent for filing an assignment. (NCE: (CITY and STATE OR agent): Individual of Fee(s): can by credit card. Form PTO- | sas a member u names of up to ta. If no name is ssigned is identified below, the d COUNTRY) Corporation or other private gra is enclosed. 2038 is attached. by charge the required fee(s), or | locument has been filed for our entity Government credit any overnavment to | |
| Plea 44. 7 | Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. SSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED The following fee(s) are of 1 sauce Fee Publication For (No and Advance Order - # of Thange in Entity Status (A) n. Applicant claims Sh | ion (or "Fee Address" Indictor more recent) attached. Use RESIDENCE DATA TO Be an assigned is identified be 37 CFR 3.11. Completion of the completion of the complete states assigned the complete states as a second states and complete states are complete states. See a state state states are complete states as a second state state state state states. See a state sta | correspondence (2) the register 2 regist listed, records of a Customer 2 regist listed, records of a Customer 2 regist listed, records of this form is NOT a substitute (B) RESIDE (B) RESIDE (C) A cheet (C) A c | name of a single firm (havin red attorney or agent) and the cred patent attorneys or agent to name will be printed. (NT (print or type) appear on the patent. If an a the for filing an assignment. (NCE: (CITY and STATE OR e patent): Individual of Fee(s): (Individual of Fee(s): (Individual of the fee(s): (Individual of Fee(s): (Individu | sas a member u names of up to ta. If no name is ssigned is identified below, the d COUNTRY) Corporation or other private gra is enclosed. 2038 is attached. by charge the required fee(s), or | credit any overpayment, to opy of thus form). | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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March 10, 2005

SSJR File: 01393-P0073A

Pages 3

Deliver To:

ISSUE FEE

Commissioner for Patents

Post Office Box 1450

Alexandria, VA 22313-1450

Fax No:

703 746-4000

From:

Tamara L. Millikan for

Gene S. Winter

Re:

Serial No. 10/664,198

Buoyancy Flushing Apparatus and Method Thereof

Dear Sir or Madam:

Attached is the Issue Fee Transmittal, Part B – Fee(s) Transmittal, and Form PTO-2038 (credit card payment).

Very truly yours,

Todd M. Oberdick tmo@ssjr.com

Took M dun

GSW/TMO:tlm